

EXHIBIT A

STATE COURT RECORD:

DOCKET SHEET

COMPLAINT

APPEARANCE OF C. MYERS

SUMMONS TO REGISTERED AGENT

SUMMONS TO CEO

This is not the official court record. Official records of court proceedings may only be obtained directly from the court maintaining a particular record.

Robbie McCain-Ficklin v. Premier Care of Indiana, Inc.

Case Number	49D12-2010-CT-035427
Court	Marion Superior Court, Civil Division 12
Type	CT - Civil Tort
Filed	10/07/2020
Status	10/07/2020 , Pending (active)

Parties to the Case

Defendant Premier Care of Indiana, Inc.

Address 9449 N. 90th Street
Scottsdale, AZ 85258

Plaintiff McCain-Ficklin, Robbie

Attorney Christopher Carson Myers
#1004302, Lead, Retained
809 South Calhoun Street
Suite 400
Fort Wayne, IN 46802-0000
260-424-0600(W)

Attorney Ilene Marie Smith
#2281802, Retained
809 S Calhoun ST
STE 400
Fort Wayne, IN 46802
260-424-0600(W)

Chronological Case Summary

10/07/2020 **Case Opened as a New Filing**

10/07/2020 **Complaint/Equivalent Pleading Filed**

Complaint

Filed By: McCain-Ficklin, Robbie

File Stamp: 10/07/2020

10/07/2020 **Appearance Filed**

Appearance

For Party: McCain-Ficklin, Robbie

File Stamp: 10/07/2020

10/07/2020 **Subpoena/Summons Filed**

Summons

Filed By: McCain-Ficklin, Robbie

File Stamp: 10/07/2020

10/07/2020 **Subpoena/Summons Filed**

Summons

Filed By: McCain-Ficklin, Robbie

File Stamp: 10/07/2020

Financial Information

* Financial Balances reflected are current representations of transactions processed by the Clerk's Office. Please note that any balance due does not reflect interest that has accrued – if applicable – since the last payment. For questions/concerns regarding balances shown, please contact the Clerk's Office.

McCain-Ficklin, Robbie

Plaintiff

Balance Due (as of 11/20/2020)

0.00**Charge Summary**

Description	Amount	Credit	Payment
Court Costs and Filing Fees	157.00	0.00	157.00

Transaction Summary

Date	Description	Amount
10/07/2020	Transaction Assessment	157.00
10/07/2020	Electronic Payment	(157.00)

This is not the official court record. Official records of court proceedings may only be obtained directly from the court maintaining a particular record.

STATE OF INDIANA)
) SS: IN THE MARION SUPERIOR COURT
COUNTY OF MARION) CAUSE NO. _____

ROBBIE MCCAIN-FICKLIN,)
)
Plaintiff,)
)
v.)
)
PREMIER CARE OF INDIANA, INC.,)
)
Defendant.)

COMPLAINT

Plaintiff alleges against Defendant that:

1. Plaintiff Robbie McCain-Ficklin is a resident of Marion Indiana and worked for Defendant from about October 19, 2015 to about February 13, 2020, at which time she was terminated as a result of her race and color (African American/black) in violation of Title VII of the Civil Rights Act of 1964, 42 U.S.C. § 2000e *et seq.* ("Title VII") and 42 U.S.C. § 1981 for not being provided the same contractual benefits as similarly-situated Caucasian employees, as set forth in Charge of Discrimination No. 470-2020-01650, attached hereto and made a part hereof as Exhibit "A". The Notice of Rights to Sue for that Charge is attached hereto as Exhibit "B", and this Complaint has been filed within ninety (90) days after receipt thereof.
2. Defendant is Premier Care of Indiana, Inc., a company doing business at 317 S. Norton Street, Marion, Indiana 46952. Defendant is an "employer" for purposes of Title VII and 42 U.S.C. § 1981. Defendant's home office is located at 9449 N. 90th Street, Scottsdale, Arizona 85258.

3. Plaintiff was hired by Defendant as a Case Manager, and eventually became a Counselor in Training. Towards the end of her employment, Plaintiff was to manage a caseload of fifty-five (55) individuals, but was given seventy-five (75) instead. The increased caseload prohibited Plaintiff from meeting with everyone, which was the pretextual reason given for her termination. Plaintiff claims that similarly-situated Caucasian coworkers were treated more favorably than her and were not terminated for the false reason of being unable to meet with all of their clients when it was impossible to do so because of the extra-high caseload she was assigned.
4. On or about December 18, 2019, Plaintiff was called into a meeting with Ms. Gilmer (supervisor) regarding an alleged policy violation (not meeting counseling requirements), but Plaintiff disagreed with Ms. Gilmer's assertions and contended that she was being singled out because of her race.
5. On February 13, 2020, Plaintiff went into work early and there were four (4) Caucasian counselors at work. Ms. Gilmer and Ms. Debbi Wilson (Clinical Supervisor) walked into Plaintiff's office and questioned why she was at work early. Plaintiff informed them that she showed up for work because she knew that the facility would be short-staffed because of inclement weather that day. Ms. Gilmer and Ms. Wilson then confronted Plaintiff about alleged issues with respect to treatment plans and referred to the written warning that Plaintiff had received in December of 2019. Ms. Gilmer then informed Plaintiff that she was terminated. The four (4) Caucasian counselors on duty that day were never questioned or confronted or subjected to an adverse employment action even though all four were failing to satisfy their respective counseling

requirements.

6. An alternative illegal reason for terminating Plaintiff was that she complained about Medicare/Medicaid fraud which, had she gone along with the fraud, she would have been personally liable for either civil damages or exposed to criminal liability. Plaintiff contends that her termination was against the tort laws and public policies of the State of Indiana. Plaintiff reported the suspected fraud to her supervisors and was soon thereafter terminated. The actions of the Defendant were intentional and in reckless disregard of Plaintiff's protected civil rights warranting an imposition of both compensatory damages and punitive damages. Plaintiff suffered emotional distress, mental anguish, humiliation, embarrassment, financial distress, inconvenience, and other damages and injuries.
7. As a direct and proximate result of Defendant's actions, Plaintiff lost her job and job-related benefits including income.

WHEREFORE, Plaintiff prays for judgment against the Defendant for back-pay, front-pay, compensatory damages, punitive damages, reasonable attorney's fees and costs, and for all other just and proper relief in the premises.

JURY DEMAND

Pursuant to Rule 38 of the Indiana Rules of Trial Procedure, Plaintiff demands a trial by jury in this action.

Respectfully submitted,

CHRISTOPHER C. MYERS & ASSOCIATES

/s/Christopher C. Myers

Christopher C. Myers, #10043-02
809 South Calhoun Street, Suite 400
Fort Wayne, IN 46802

Telephone: (260) 424-0600

Facsimile: (260) 424-0712

E-mail: cmyers@myers-law.com

Counsel for Plaintiff

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: Agency(ies) Charge No(s): <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC 470-2020-01650	
INDIANA CIVIL RIGHTS COMMISSION and EEOC <i>State or local Agency, if any</i>			
Name (indicate Mr., Ms., Mrs.) MRS. ROBBIE S MCCAIN-FICKLIN		Home Phone (765) 243-2601	Year of Birth
Street Address City, State and ZIP Code P.O BOX 1374, MARION, IN 46952			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name PREMIER CARE OF INDIANA/COMMUNITY MEDICAL SERVICES		No. Employees, Members Unknown	Phone No. (765) 664-0101
Street Address City, State and ZIP Code 315 SOUTH NORTON AVENUE, 9449 NORTH 90TH STREET, SUITE 210 SCOTTSDALE, AZ 85258, MARION, IN 46952			
Name		No. Employees, Members	Phone No.
Street Address City, State and ZIP Code			
DISCRIMINATION BASED ON (Check appropriate box(es).) <input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify)		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 02-13-2020 02-13-2020 <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <p>I was hired by my former employer on October 19, 2015 as a case manager and I transitioned into a counselor-in-training position on or about December 2016 upon the request of Kristie Gilmer, Supervisor. At all times throughout my employment tenure I either met or exceeded my former employer's legitimate business expectations. On December 18, 2019 I was called into a meeting with Ms. Gilmer regarding an alleged policy violation, in that, Ms. Gilmer claimed I was not meeting my respective counseling requirements. I disagreed with Ms. Gilmer's assertions and also believe I was singled out due to my race. On February 13, 2020 I went into work early and there were four (4) Caucasian counselors at work. Eventually, Ms. Gilmer and Ms. Debi Wilson, Clinical Supervisor walked into my office and questioned why I was at work early; therefore, I informed them I showed up for work because I knew the facility would be short staffed due to the inclement weather that day. Ms. Gilmer and Ms. Wilson confronted me regarding alleged issues with my treatment plans and they also referred to the written warning I received in December 2019. Finally, Ms. Gilmer informed me that my employment was terminated. The four (4) Caucasian counselors on duty that day were never questioned or confronted or subjected to an adverse employment action even though all four were failing to satisfy their respective</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT	
Digitally signed by Robbie McCain-ficklin on 02-21-2020 1:25 AM EST		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	

Ex. A

EEOC Form 5 (11/09)

<p align="center">CHARGE OF DISCRIMINATION</p> <p>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</p>	<p>Charge Presented To: Agency(ies) Charge No(s):</p> <p><input type="checkbox"/> FEPA</p> <p><input checked="" type="checkbox"/> EEOC</p> <p align="right">470-2020-01650</p>
<p align="center">INDIANA CIVIL RIGHTS COMMISSION</p> <p align="center"><i>State or local Agency, if any</i></p>	
<p>counseling requirements. I believe I have been subjected to race discrimination in violation of Title VII of the Civil Rights Act of 1964, as amended.</p>	

<p>I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.</p>	<p>NOTARY – <i>When necessary for State and Local Agency Requirements</i></p>
<p>I declare under penalty of perjury that the above is true and correct.</p> <p align="center">Digitally signed by Robble McCain-ficklin on 02-21-2020 11:25 AM EST</p>	<p>I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.</p> <p>SIGNATURE OF COMPLAINANT</p> <p>SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)</p>

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

DISMISSAL AND NOTICE OF RIGHTS

To: **Robbie S. McCain-Ficklin**
P.O. Box 1374
Marion, IN 46952

From: **Indianapolis District Office**
101 West Ohio Street
Suite 1900
Indianapolis, IN 46204



On behalf of person(s) aggrieved whose identity is

CONFIDENTIAL (29 CFR §1601.7(a))

EEOC Charge No.

EEOC Representative

Telephone No.

470-2020-01650

Marc A. Fishback,
Enforcement Supervisor

(463) 999-1179

THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:



The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.



Your allegations did not involve a disability as defined by the Americans With Disabilities Act.



The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.



Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge.



The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.



The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.



Other (briefly state)

- NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act: This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit **must be filed WITHIN 90 DAYS of your receipt of this notice**; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

Equal Pay Act (EPA): EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission

Michelle Elsele,
District Director

For:

8/13/20

(Date Mailed)

Enclosures(s)

cc: **Caroline Larsen**
Ogletree, Deakins, Nash, Smoak & Stewart, P.C.
2415 East Camelback Road #800
Phoenix, AZ 85016

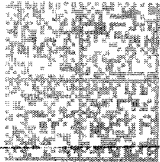
Ex. B

Christopher C. Myers & Associates
809 South Calhoun Street, Suite 400
Fort Wayne, Indiana 46802



7019 2280 0002 2112 2968

FIRST-CLASS



PRECEDENCE MAIL
US POSTAGE
\$ 007.05
02 7H
0001241561 OCT 26 2020
MAILED FROM ZIP CODE 46802

29

Cogency Global, Inc.
Registered Agent for Defendant
9221 Crawfordsville Road
Indianapolis, IN 46234

4623431521 0037



STATE OF INDIANA)
)
COUNTY OF MARION) SS: IN THE MARION SUPERIOR COURT
 CAUSE NO. _____

ROBBIE MCCAIN-FICKLIN,)
)
Plaintiff,)
)
v.)
)
PREMIER CARE OF INDIANA, INC.,)
)
Defendant.)

APPEARANCE IN A CIVIL CASE

Party Classification: Initiating X Responding _____ Intervening _____

1. The undersigned attorney and all attorneys listed on this form now appear in this case for the following party member(s): Plaintiff, Robbie McCain-Ficklin.
2. Applicable attorney information for service as required by Trial Rule 5(B)(2) and for case information as required by Trial Rules 3.1 and 77(B) is as follows:

CHRISTOPHER C. MYERS & ASSOCIATES

Name: Christopher C. Myers Attorney Number: 10043-02
Name: Ilene M. Smith Attorney Number: 22818-02
Address: 809 S. Calhoun Street, Suite 400 Phone: (260) 424-0600
Fort Wayne, IN 46802 FAX: (260) 424-0712
E-Mail Address: cmyers@myers-law.com; ismith@myers-law.com

3. There are other party members: Yes _____ No X
4. *If first initiating party filing this case*, the Clerk is requested to assign this case the following Case Type under Administrative Rule 8(b)(3): _____
5. I will accept service by FAX at the above noted number: Yes X No _____
6. There are related cases Yes _____ No X (if yes, list on continuation page)
7. This has been served on all other parties. Certificate of Service is attached: Yes _____ No X
8. Additional information required by local rule: _____

/s/ Christopher C. Myers

/s/ Ilene M. Smith

COUNTY OF MARION

1222 City County Building
400 East Washington Street
Indianapolis, Indiana 46204-3381
Telephone: (317) 327-4740ROBBIE MCCAIN-FICKLIN

Plaintiff

Case Number: _____

VS

SUMMONS

PREMIER CARE OF INDIANA, INC.

Defendant

TO: Cogency Global, Inc.
Registered Agent for Defendant
9221 Crawfordsville Road
Indianapolis, IN 46234

You have been sued by the person(s) named above. The claim made against you is attached to this summons; please examine all pages carefully. The "X" marked below indicates the time limit you have to **FILE YOUR ANSWER**.

XX Certified Mail You or your attorney must file a written answer to the claim within **TWENTY-THREE (23) DAYS**, commencing the day after you receive this summons, or judgment may be entered against you as claimed.

_____ Personal Service You or your attorney must file a written answer to the claim within **TWENTY-THREE (23) DAYS**, commencing the day after you receive this summons, or judgment may be entered against you as claimed.

Your answer is considered filed the day it is received in the office of the **Clerk of the Marion Superior Court, Marion County Courthouse, Indianapolis, Indiana, 46204**. The method you choose to deliver your answer to the Clerk's Office is up to you; however, you should be able to prove you filed the answer. If you wish to file a claim against another party associated with this case, you must state it in your written answer.

If you are required to appear, the date, time and location will be shown on an attached Notice of Hearing form. **IF YOU FAIL TO APPEAR, A JUDGMENT MAY BE ENTERED AGAINST YOU.**

10/7/2020

Dated: _____

Christopher C. Myers (PLAINTIFF)

Attorney / Party Preparing Summons (Party Represented)

809 South Calhoun Street, Suite 400

Street Address

Fort Wayne, IN 46802

City, State, Zip Code

(260) 424-0600

Telephone Number

10043-02

Attorney Number

CLERK OF THE MARION CIRCUIT AND SUPERIOR COURTS

(Seal)



MANNER OF SERVICE

(To be completed by Party Preparing Summons)

SHERIFF shall serve this Summons as follows:

_____ personal service
_____ leaving a copy at dwelling or place of employment

OTHER manner of service:

X attorney to serve
_____ private process server,
_____ other (describe in particular and note Trial Rule)

CLERK shall serve this Summons as follows:

_____ regular mail
_____ certified mail
_____ publication

CERTIFIED MAIL

I hereby certify, as indicated in the date issued field, that a copy of this document was sent to the named person(s) at the address(es) furnished, by registered/certified mail at Indianapolis, Indiana, return receipt requested.

I hereby certify that service by registered/certified mail at Indianapolis, Indiana, was attempted as required by law to the person and address stated on the return receipt attached; and that service ☐ was ☐ was not made, according to the information contained therein.

Date Issued: _____

Date Issued: _____

Clerk of the Marion Circuit and Superior Courts

Clerk of the Marion Circuit and Superior Courts

ADMISSION OF SERVICE

I received a copy of this Summons on this date _____ and at this location: _____

Signature of Party

Relationship (if not within named person)

RETURN OF SERVICE BY SHERIFF OR OTHER OFFICER

Enter the alphabetical letter in the space provided to indicate the type of service.

I served a copy of this Summons as specified: (_____)

READING / delivering a copy (A) to the within named party;

LEAVING A COPY for the within named party

(B) with the spouse, named:

(E) with a secretary, named:

(C) with a relative, named:

(F) with the attorney, named:

(D) at the residence, located at:

(H) with this person (other-specify):

(E) with the employer, named: _____

Specify name of person, work supervisor, place of business, or location where copy was left.

and (if applicable) by sending a copy of this document by first-class mail to the last known address of the within named person as indicated:

Last known address of person named in the document (or Change of Address)

I did not serve a copy of this Summons because: (_____)

- (I) The party was NOT FOUND / NO SUCH ADDRESS.
- (J) the document EXPIRED.
- (K) the party AVOIDED service.
- (L) the party REFUSED service.
- (M) the party was NO LONGER EMPLOYED at the address.
- (N) the document was RETURNED by the authority of the Plaintiff.
- (O) the party is DECEASED.
- (P) the party was UNKNOWN AT THAT ADDRESS.
- (Q) the party was on SICK LEAVE / LAY OFF.

- (R) the party was on VACATION.
- (S) the party was NOT FOUND / VACANT.
- (T) the party was NOT FOUND / MOVED.
- (U) the party was NOT FOUND IN THIS BAILIWICK.
- (V) INSUFFICIENT ADDRESS OR INFORMATION WAS GIVEN.
- (W) they are NO LONGER IN BUSINESS.
- (X) several attempts were made / UNABLE TO SERVE.
- (Y) of the following reason (OTHER-specify): _____

I AFFIRM, UNDER THE PENALTY OF PERJURY, THAT THE FOREGOING REPRESENTATIONS ARE TRUE.

Date Served / Attempted

Time Served / Attempted

Signature of Sheriff of Martion County, Indiana (or other officer)

(Printed Name of Process Server)

By: _____

Signature of Process Server

ROBBIE MCCAIN-FICKLIN
Plaintiff

Case Number: _____

VS

SUMMONS

PREMIER CARE OF INDIANA, INC.
Defendant

TO: Nicholas Stavros, CEO
Premier Care of Indiana, Inc.
9449 N. 90th Street, Suite 212
Scottsdale, AZ 85258

You have been sued by the person(s) named above. The claim made against you is attached to this summons; please examine all pages carefully. The "X" marked below indicates the time limit you have to **FILE YOUR ANSWER**.

XX Certified Mail You or your attorney must file a written answer to the claim within **TWENTY-THREE (23) DAYS**, commencing the day after you receive this summons, or judgment may be entered against you as claimed.

_____ Personal Service You or your attorney must file a written answer to the claim within **TWENTY-THREE (23) DAYS**, commencing the day after you receive this summons, or judgment may be entered against you as claimed.

Your answer is considered filed the day it is received in the office of the **Clerk of the Marion Superior Court, Marion County Courthouse, Indianapolis, Indiana, 46204**. The method you choose to deliver your answer to the Clerk's Office is up to you; however, you should be able to prove you filed the answer. If you wish to file a claim against another party associated with this case, you must state it in your written answer.

If you are required to appear, the date, time and location will be shown on an attached Notice of Hearing form. **IF YOU FAIL TO APPEAR, A JUDGMENT MAY BE ENTERED AGAINST YOU.**

10/7/2020
Dated: _____

Christopher C. Myers (PLAINTIFF)
Attorney / Party Preparing Summons (Party Represented)

809 South Calhoun Street, Suite 400
Street Address

Fort Wayne, IN 46802
City, State, Zip Code

(260) 424-0600 10043-02
Telephone Number Attorney Number

Mylan A. Eldridge
CLERK OF THE MARION CIRCUIT AND SUPERIOR COURTS

(Seal)



MANNER OF SERVICE

(To be completed by Party Preparing Summons)

SHERIFF shall serve this Summons as follows:

_____ personal service
_____ leaving a copy at dwelling or place of employment

OTHER manner of service:

_____ X _____ attorney to serve
_____ private process server, _____
_____ other (describe in particular and note Trial Rule) _____

CLERK shall serve this Summons as follows:

_____ regular mail
_____ certified mail
_____ publication

CERTIFIED MAIL

I hereby certify, as indicated in the date issued field, that a copy of this document was sent to the named person(s) at the address(es) furnished, by registered/certified mail at Indianapolis, Indiana, return receipt requested.

I hereby certify that service by registered/certified mail at Indianapolis, Indiana, was attempted as required by law to the person and address stated on the return receipt attached; and that service ☐ was ☐ was not made, according to the information contained therein.

Date Issued: _____

Date Issued: _____

Clerk of the Marion Circuit and Superior Courts_____
Clerk of the Marion Circuit and Superior Courts**ADMISSION OF SERVICE**

I received a copy of this Summons on this date _____ and at this location: _____

Signature of Party_____
Relationship (if not within named person)**RETURN OF SERVICE BY SHERIFF OR OTHER OFFICER**

Enter the alphabetical letter in the space provided to indicate the type of service.

I served a copy of this Summons as specified: (_____)

READING / delivering a copy (A) to the within named party;

LEAVING A COPY for the within named party

(B) with the spouse, named:

(C) with a relative, named:

(D) at the residence, located at:

(E) with the employer, named: _____

(E) with a secretary, named:

(F) with the attorney, named:

(H) with this person (other-specify):

Specify name of person, work supervisor, place of business, or location where copy was left.

and (if applicable) by sending a copy of this document by first-class mail to the last known address of the within named person as indicated:

Last known address of person named in the document (or Change of Address)

I did not serve a copy of this Summons because: (_____)

(I) The party was NOT FOUND / NO SUCH ADDRESS.

(J) the document EXPIRED.

(K) the party AVOIDED service.

(L) the party REFUSED service.

(M) the party was NO LONGER EMPLOYED at the address.

(N) the document was RETURNED by the authority of the Plaintiff.

(O) the party is DECEASED.

(P) the party was UNKNOWN AT THAT ADDRESS.

(Q) the party was on SICK LEAVE / LAY OFF.

(R) the party was on VACATION.

(S) the party was NOT FOUND / VACANT.

(T) the party was NOT FOUND / MOVED.

(U) the party was NOT FOUND IN THIS BAILIWICK.

(V) INSUFFICIENT ADDRESS OR INFORMATION WAS GIVEN.

(W) they are NO LONGER IN BUSINESS.

(X) several attempts were made / UNABLE TO SERVE.

(Y) of the following reason (OTHER-specify):

I AFFIRM, UNDER THE PENALTY OF PERJURY, THAT THE FOREGOING REPRESENTATIONS ARE TRUE.

Date Served / Attempted_____
Time Served / Attempted_____
Signature of Sheriff of Martion County, Indiana (or other officer)_____
(Printed Name of Process Server)

By: _____
Signature of Process Server